



Policy: 1052
Procedure: 1052.02
Chapter: Quality Assurance
Rule: Psychiatric Monitoring
and Quality
Improvement

Effective: 07/15/05
Replaces: N/A
Dated: N/A

Purpose:

The Arizona Department of Juvenile Corrections (ADJC) Medical and Behavioral Health Services Division shall ensure and promote adherence to professional standards, pertaining to the delivery of psychiatric services at the ADJC secure care facilities. The Quality Improvement program shall use a systemic approach to monitor, evaluate, and improve psychiatric health care services.

Rules:

1. Quality Improvement Committee: The **MEDICAL AND BEHAVIORAL HEALTH CLINICAL DIRECTOR** shall convene and lead a multidisciplinary Quality Improvement Committee at least quarterly. This committee shall:
 - a. Establish objective criteria for use in monitoring the quality of care;
 - b. Complete an analysis of the findings;
 - c. Develop plans for improvement based on monitoring findings; and
 - d. Assess the effectiveness of these plans after implementation;
2. Monthly Reports:
 - a. The Medical records librarian shall:
 - i. Complete a Monthly Psychopharmacology Report Form, 1052.02A;
 - ii. Note the percentage of juveniles at each secure care facility who are prescribed psychotropic medications;
 - b. **FACILITY PSYCHIATRISTS** shall review and submit 1052.02A, a Monthly Psychopharmacology Report Form, to the **LEAD PSYCHIATRIST** and the facility Psychologist, Mental Health Team Coordinator, Medical Provider, CRNS II, Psychology Associate(s), YPO III Caseworker(s) by the 5th day of each month.
 - c. The **CLINICAL SERVICES ADMINISTRATOR** shall review and submit the monthly Psychopharmacological Reports submitted by each **FACILITY PSYCHIATRIST** to the Medical and Behavioral Health Director by the 30th of each month, indicating any concerns or actions taken;
 - d. The **MEDICAL AND BEHAVIORAL HEALTH CLINICAL DIRECTOR** shall maintain the monthly psychopharmacology reports on file in a secured location, and provide quarterly updates to the Agency Director, Deputy Director and the Quality Assurance Administrator regarding any corrective actions taken as a result of these reports, or upon request.
3. Quarterly Psychiatrist Meetings:
 - a. The **CLINICAL SERVICES ADMINISTRATOR** shall schedule and facilitate a monthly Psychiatrist meeting, in which all facility psychiatrists shall participate;
 - b. The **CLINICAL SERVICES ADMINISTRATOR** shall:
 - i. Prepare the agenda;
 - ii. Facilitate the meeting;
 - iii. Ensure minutes are taken which reflect:
 - (1) Problems that have been identified;
 - (2) Solution(s) that have been agreed upon;
 - (3) Person(s) responsible for addressing the problem(s); and
 - (4) Time frames in which the problem(s) will be addressed.
 - c. The **CLINICAL SERVICES ADMINISTRATOR** shall discuss the following at the quarterly meeting:
 - i. Suicide prevention;
 - ii. Improvement plans;
 - iii. Professional community standards compliance;

Procedure No.: 1052.02: Psychiatric Quality Assurance

Page 2 of 3

- iv. Training;
- v. Psychotropic medication formulary; and
- vi. Any other issues or reports that may impact psychiatric services offered juveniles;
- d. In cases where corrective action is warranted, the **CLINICAL SERVICES ADMINISTRATOR**, in collaboration with the **LEAD PSYCHIATRIST** shall:
 - (1) Complete Form 1052.01E, Quality Improvement Correction Action Plan, and respond within 90 days of discovery;
 - (2) Maintain and store the corrective action plan; and
 - (3) Submit copies to the Medical and Behavioral Health Clinical Director and the Quality Assurance Administrator.

4. Supervision:

- a. The **CLINICAL SERVICES ADMINISTRATOR** shall conduct monthly 1:1 meetings with the Chief of Psychiatry to discuss, minimally:
 - i. Monthly psychopharmacology reports;
 - ii. Standards compliance;
 - iii. Program development; and
 - iv. Other issues that arise or are of importance/concern.
- b. The **CLINICAL SERVICES ADMINISTRATOR** shall conduct quarterly 1:1 meetings with the facility Psychiatrist to discuss:
 - i. Corrective Action Plans;
 - ii. Monthly Psychotropic Reports;
 - iii. Results of chart review(s);
 - iv. Issues that impact services to juveniles, including psychiatric coverage;
 - v. Training; and
 - vi. Other issues or areas of importance/concern.
- c. The **MEDICAL AND BEHAVIORAL HEALTH CLINICAL SERVICES DIRECTOR** and/or **CLINICAL SERVICES ADMINISTRATOR** shall
 - i. Facilitate having an outside Psychiatrist review charts and conduct a peer review on a quarterly basis;
 - ii. Submit the results for analysis of follow-up to the:
 - (1) Medical and Behavioral Health Clinical Director;
 - (2) Clinical Services Administrator; and
 - (3) Chief of Psychiatry.

5. The LEAD PSYCHIATRIST shall:

- a. Participate in the quarterly medical Quality Improvement Committee, in accordance with Procedure 1052.03;
- b. Participate in the quarterly Pharmacy and Therapeutics Committee, in accordance with Procedure 3100.11, to review the usage of psychotropic medication within the agency medical health services program.

6. Comprehensive Review:

- a. The **MEDICAL AND BEHAVIORAL HEALTH CLINICAL DIRECTOR** shall:
 - i. Conduct a Comprehensive Review of each of the secure care facility's medical and behavioral health areas, on a bi-annual basis using 1052.01A, Comprehensive Review Form;
 - ii. Assess compliance with:
 - (1) Agency Policy and Procedures;
 - (2) Professional Standards; and
 - (3) Completion of Corrective Action Plans.
- b. The **MEDICAL AND BEHAVIORAL HEALTH CLINICAL DIRECTOR** shall:
 - i. Prepare a report of findings by the 10th of the following month and present the findings at the Medical and Behavioral Health Leadership Meeting;
 - ii. Send the findings of the Comprehensive Report to the Agency Director, Deputy Director, and the Quality Assurance Administrator by the 15th of the following month;

Procedure No.: 1052.02: Psychiatric Quality Assurance

Page 3 of 3

- iii. Keep the Comprehensive Reports in a locked cabinet at Central Office in the Behavioral Health Clinical Director's Office and in the Quality Assurance Administrator's Office.

7. Psychiatric Services Review:

- a. The **LEAD PSYCHIATRIST** shall conduct quarterly site visits at each of the ADJC Secure Facilities and monitor that psychiatrists are doing the following:
 - i. Meeting with juveniles referred for psychiatric services or those who were admitted to secure facility already prescribed psychotropic medication(s) within 72 hours of referral
 - ii. Documenting target signs/symptoms being treated by psychotropic medication, as per procedure 3100.27;
 - iii. Participating in the weekly facility clinical meetings;
 - iv. Obtaining labs, as clinically indicated, and monitor for side effects, while prescribing psychotropic medications, in accordance with Procedure 3100.27;
 - v. Obtaining consent from the juvenile and/or parent/guardian, prior to initiation of psychotropic medication, in accordance with Procedure 3100.27;
 - vi. Providing follow-up monitoring for juveniles prescribed psychotropic medications within 30 day intervals
 - vii. Providing verification of licensure by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners and completing the appropriate hours of the continuing medical education required by A.R.S. 32-1434;
- b. The **CLINICAL SERVICES ADMINISTRATOR**, in collaboration with the **LEAD PSYCHIATRIST**, shall review ten Medical/Behavioral Charts using the Psychiatric Chart Audit, Form 1052.02B to examine quality, appropriateness of services, and Professional Standards Compliance and recommend any needed Corrective Action Plans and/or Quality Improvement to the Clinical Director;
- c. The **CLINICAL SERVICES ADMINISTRATOR**, in collaboration with the Chief of Psychiatry, shall review the Monthly Medical Chart Audits completed by nursing personnel;
- d. The **CLINICAL SERVICES ADMINISTRATOR** shall:
 - i. Prepare a quarterly report of the findings from the quarterly on-site visits/reviews;
 - ii. Submit the Quarterly Report to the Medical and Behavioral Health Clinical Director and the Quality Assurance Administrator by the 10th of the following month, or as requested;
 - iii. Complete Quality Improvement Corrective Action Plan Form, 1052.01E, and respond within 90 days of discovery when corrective action is warranted;
 - iv. Maintain the Quarterly Reports in a secured area at Central Office in the Medical and Behavioral Health Clinical Director's Office and in the Quality Assurance Administrator's Office.

8. Suicide Prevention:

- a. The **MEDICAL AND BEHAVIORAL HEALTH DIVISION** shall be responsible for the implementation and administration of the suicide prevention monitoring and quality assurance in accordance with Procedure 4250.05, Suicide Prevention and Quality Assurance;
- b. In the event of a completed suicide, life-threatening suicide attempt, or death of a person in an ADJC secure care facility or ADJC employee in the community, the **MEDICAL AND BEHAVIORAL HEALTH DIVISION** shall provide effective intervention review and support services in accordance with Suicide Prevention Mortality Review Process, Procedure 4250.03 and Critical Incident Support Team (CIST), Procedure 4250.04.

Effective Date:	Approved by Process Owner:	Review Date:	Reviewed By: